

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town De Peres
(c) Name of hospital or institution:
Manchester Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lena McQuillin
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vincent McQuillin
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug 2 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 1
If less than one day
hr. _____ min. _____

9. Birthplace Tell City Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Williams
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Rennard
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adam Maurer

(b) Address _____

17. (a) Burial (b) Date thereof 5-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAY 5 - 1944 (b) E. J. McQuillin, MD
(Date received for local filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis County
(c) City or town De Peres
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1944 hour _____ minute 44 M.

21. I hereby certify that I attended the deceased from 2-14, 1944, to 5-2, 1944.
that I last saw him alive on 5-2, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic heart disease
Due to _____
Due to _____

Other conditions Senility + Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Regal C. McQuillin, MD (M. D. or other)
Address Richwood Mo. Date signed 5-4-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Abriel G. Hopper

Licensed Embalmer No. *2971*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.